

**Physical Examination Consent Agreement  
Applicant Authorization**

Applicant's Name: \_\_\_\_\_

State Agency: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date of Contingent Offer of Employment: \_\_\_\_\_

I understand that I have received an offer of employment with the State agency identified above, and that the offer of employment is contingent upon the agency's receipt of the results of a physical examination designed solely to determine my physical fitness to perform the duties of that position.

Accordingly, I voluntarily consent to a physical examination conducted at the request of, and paid for by, the State. I understand that I will receive a copy of the results of the examination and that I may also provide the examiner with additional information related to my ability to perform the position's duties. I understand that I may ask questions of the examiner and may also stop the examination at any time.

I understand that if I fail to complete the examination or do not authorize the results to be released to the State agency that had made the contingent offer of employment, the offer of employment will be withdrawn.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_